

UNITED STATES DISTRICT COURT  
FOR THE  
EASTERN DISTRICT OF PENNSYLVANIA

ATTORNEY  
COPY

UNITED STATES OF AMERICA

Plaintiff

CIVIL NO. 02-CV-4854

vs.

KEITH L. BEEMAN  
BOBBIE S. BEEMAN

Defendant(s)

FILED FEB 20 2003

CERTIFICATE OF SERVICE  
PURSUANT TO Pa.R.C.P. 3129.2 (c) (2)

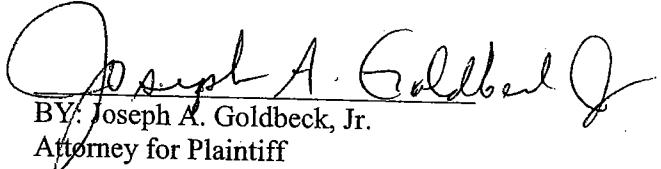
Joseph A. Goldbeck, Jr., Esquire, Attorney for Plaintiff, hereby certifies that service on the Defendants of the Notice of Sheriff Sale was made by:

- ( ) Personal Service by the Sheriff's Office/competent adult (copy of return attached).  
 Certified mail by Joseph A. Goldbeck, Jr. (original green Postal return receipt attached).  
( ) Certified mail by Sheriff's Office.  
( ) Ordinary mail by Joseph A. Goldbeck, Jr., Esquire to Attorney for Defendant(s) of record (proof of mailing attached).  
( ) Acknowledgment of Sheriff's Sale by Attorney for Defendant(s) (proof of acknowledgment attached).  
( ) Ordinary mail by Sheriff's Office to Attorney for Defendant(s) of record.  
**IF SERVICE WAS ACCOMPLISHED BY COURT ORDER.**  
( ) Premises was posted by Sheriff's Office/competent adult (copy of return attached).  
( ) Certified Mail & ordinary mail by Sheriff's Office (copy of return attached).  
( ) Certified Mail & ordinary mail by Joseph A. Goldbeck, Jr. (original receipt(s) for Certified Mail attached).

Pursuant to the Affidavit under Rule 3129 (copy attached), service on all lienholders (if any) has been made by ordinary mail by Joseph A. Goldbeck, Jr., Esquire (copies of proofs of mailing attached).

The undersigned understands that the statements herein are subject to the penalties provided by 18 P.S. Section 4904.

Respectfully submitted,

  
BY: Joseph A. Goldbeck, Jr.  
Attorney for Plaintiff

7160 3901 9844 1076 3896

Case 2:02-cv-04854-JCJ

Document 1041 Filed 10/15/03 Page 2 of 9

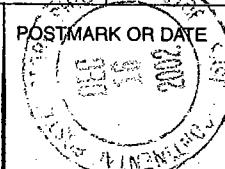
**TO:** BEEMAN, KEITH L. (OH)  
**KEITH L. BEEMAN**  
245 SOUTH HIGHLAND AVENUE  
BUCYRUS, OH 44820

**SENDER:** GOLDBECK MCCAFFERTY & MCKEEVER  
December 16, 2002

**REFERENCE:** BEEMAN, KEITH L. / USA-0140  
02/26/03 Lancaster

PS Form 3800, June 2000

RETURN RECEIPT SERVICE	Postage	
	Certified Fee	
	Return Receipt Fee	
	Restricted Delivery	
	Total Postage & Fees	



US Postal Service

### Receipt for Certified Mail

No Insurance Coverage Provided  
Do Not Use for International Mail

7160 3901 9844 1076 3897

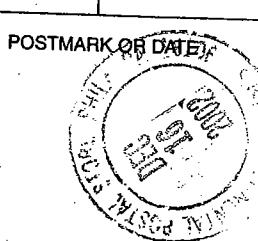
**TO:** BEEMAN, BOBBIE S. (OH)  
**BOBBIE S. BEEMAN**  
245 SOUTH HIGHLAND AVENUE  
BUCYRUS, OH 44820

**SENDER:** GOLDBECK MCCAFFERTY & MCKEEVER  
December 16, 2002

**REFERENCE:** BEEMAN, KEITH L. / USA-0140  
02/26/03 Lancaster

PS Form 3800, June 2000

RETURN RECEIPT SERVICE	Postage	
	Certified Fee	
	Return Receipt Fee	
	Restricted Delivery	
	Total Postage & Fees	



US Postal Service

### Receipt for Certified Mail

No Insurance Coverage Provided  
Do Not Use for International Mail

7160 3901 9844 1076 3898

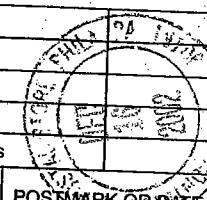
**TO:** BEEMAN, KEITH L. (OH) #2  
**KEITH L. BEEMAN**  
2115 SOUTH HIGHLAND AVENUE  
BUCYRUS, OH 44820

**SENDER:** GOLDBECK MCCAFFERTY & MCKEEVER  
December 16, 2002

**REFERENCE:** BEEMAN, KEITH L. / USA-0140  
02/26/03 Lancaster

PS Form 3800, June 2000

RETURN RECEIPT SERVICE	Postage	
	Certified Fee	
	Return Receipt Fee	
	Restricted Delivery	
	Total Postage & Fees	



US Postal Service

### Receipt for Certified Mail

No Insurance Coverage Provided  
Do Not Use for International Mail

7160 3901 9844 1076 3889

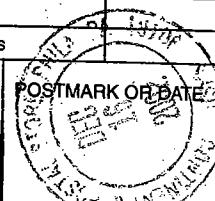
**TO:** BEEMAN, KEITH L. (TX)  
**KEITH L. BEEMAN**  
682 F. Spring Branch Drive  
Krumb, TX 76249

**SENDER:** GOLDBECK MCCAFFERTY & MCKEEVER  
December 16, 2002

**REFERENCE:** BEEMAN, KEITH L. / USA-0140  
02/26/03 Lancaster

PS Form 3800, June 2000

RETURN RECEIPT SERVICE	Postage	
	Certified Fee	
	Return Receipt Fee	
	Restricted Delivery	
	Total Postage & Fees	



US Postal Service

### Receipt for Certified Mail

No Insurance Coverage Provided  
Do Not Use for International Mail

7160 3901 9844 1076 3926

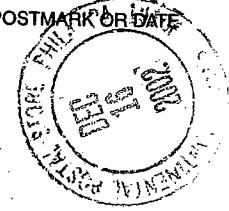
**TO:** BEEMAN, BOBBIE S. (OH) #2  
**BOBBIE S. BEEMAN**  
 2115 SOUTH HIGHLAND AVENUE  
 BUCYRUS, OH 44820

**SENDER:** GOLDBECK MCCAFFERTY & MCKEEVER  
 December 16, 2002

**REFERENCE:** BEEMAN, KEITH L. / USA-0140  
 02/26/03 Lancaster

PS Form 3800, June 2000

<b>RETURN RECEIPT SERVICE</b>	Postage	
	Certified Fee	
	Return Receipt Fee	
	Restricted Delivery	
	Total Postage & Fees	

US Postal Service  <b>Receipt for Certified Mail</b>  No Insurance Coverage Provided Do Not Use for International Mail	POSTMARK OR DATE  
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7160 3901 9844 1076 3919

**TO:** BEEMAN, BOBBIE S. (TX)  
**BOBBIE S. BEEMAN**  
 682 F. Spring Branch Drive  
 Krumb, TX 76249

**SENDER:** GOLDBECK MCCAFFERTY & MCKEEVER  
 December 16, 2002

**REFERENCE:** BEEMAN, KEITH L. / USA-0140  
 02/26/03 Lancaster

PS Form 3800, June 2000

<b>RETURN RECEIPT SERVICE</b>	Postage	
	Certified Fee	
	Return Receipt Fee	
	Restricted Delivery	
	Total Postage & Fees	

US Postal Service  <b>Receipt for Certified Mail</b>  No Insurance Coverage Provided Do Not Use for International Mail	POSTMARK OR DATE  
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**GOLDBECK McCAFFERTY & MCKEEVER**

Suite 500 The Bourse Building

Name and Address  
Philadelphia, Pennsylvania 19106

of Sender

Express       Return Recip. (RR) for Merchandise  
 Registered       Certified  
 Insured       Int'l Rec. Del.  
 COD       Del. Confirmation (DC)

Line	Article Number	Address Name, Street and PO Address	Postage	Fees	Handling Charge	Actual Value (If Reg.)	Insured Value	Due Sender if COD	If Registered Mail			Postmark and Date of Receipt	Remarks
									RR Fee	DC Fee	SC Fee		
1													
2		PA DEPARTMENT OF PUBLIC WELFARE Bureau of Child Support Enforcement Health and Welfare Bldg. - Room 432 P.O. Box 2675 Harrisburg, PA 17105-2675											
3													
4		DOMESTIC RELATIONS OF LANCASTER COUNTY 40 East King Street PO Box 83479 Lancaster, PA 17608											
5		OCCUPANTS/TENANTS 687 N. Lime Street Elizabethtown, PA 17022											
6													
7													
8													
9													
10													
11													
12													
13													
14													
15													
Total Number of Pieces		Total Number of Pieces (Postmaster, Per Name of receiving employee)											
Listed by Sender		Received at Post Office											

SFS Form 3877, April 1999

Completed by Typewriter, Ink, or Ball Point Pen

The full designation of value is required on all domestic and international registered mail. The maximum indemnity payable for the reconstruction of nonnegotiable documents under Express Mail domestic reconstruction insurance is \$50,000 per piece subject to a limit of \$250,000 per occurrence. The maximum indemnity payable on Express Mail merchandise insurance is \$500. The maximum indemnity payable is \$250,000 for registered mail sent with optional postal insurance. See Domestic Mail Manual (DM) 3210, and 3221 for limitations of coverage on insured and COD mail. See International Mail Manual for limitations of coverage on international mail. Special handling charges apply only to Standard Mail (A) and Standard Mail (B) parcels.

*Brennan**LSA*

**GOLDBECK McCAFFERTY & MCKEEVER**

Suite 500 The Bourse Building

111 S. Independence Mall East

Philadelphia, Pennsylvania 19106

Name and  
Address  
of Sender

Express



Return Rec'd (RR) for Merchandise



Certified



Infl. Rec. Del.



Del. Confirmation (DC)



Insured



COD



Not Insured

If Registered Mail  
check below:

Insured



Not Insured

Affix stamp here if issued  
as certificate of mailing  
or for additional copies of  
this bill.Postmark and  
Date of Receipt

Remarks



Fees

Handling  
ChargeActual Value  
(If Reg'd.)Insured  
Value

Due Sender



RR



DC



SC



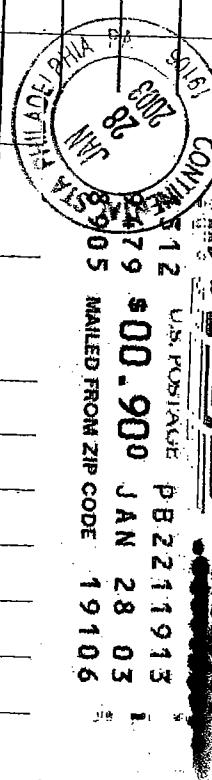
SH



SD



RD



**Total Number of Pieces:** \_\_\_\_\_ **Total Number of Pieces Received at Post Office:** \_\_\_\_\_ **Postmaster, Per (Name of receiving employee):** \_\_\_\_\_

*(Listed by Sender)*

The full description of value is required on all domestic and international registered mail. The maximum indemnity payable for the reconstruction or replacement of documents under Express Mail document reconstruction insurance is \$50,000 per piece subject to a limit of \$200,000 per occurrence. The maximum indemnity payable on Express Mail merchandise insurance is \$500. The maximum indemnity payable is \$25,000 for registered mail sent with optional postal insurance. See Domestic Mail Manual (DM) and SGZ for limitations of coverage on insured and COD mail. See International Mail Manual for limitations of coverage on International mail. Special handling charges apply only to Standard Mail (A) and Standard Mail (B) parcels.

S Form 3877, April 1999

Complete by Typewriter, Ink, or Ball Point Pen

*Beebe**USA*



740 301 944 1076 3896

3. Service Type CERTIFIED MAIL

4. Restricted Delivery? (Extra Fee)  Yes

1. Article Addressed to:

GOLDBECK MCCAFFERTY & MCKEEVER  
BEEMAN, KEITH L./USA-0140 02/26/03LancasterKEITH L. BEEMAN  
245 SOUTH HIGHLAND AVENUE  
BUCYRUS, OH 44820

A. Received by (Please Print Clearly)	B. Date of Delivery
Keith L. Beeman 08/20/02	
C. Signature	
X	
<input type="checkbox"/> Agent	<input type="checkbox"/> Addressee
<input type="checkbox"/> Yes	<input type="checkbox"/> No
D. Is delivery address different from item 1?	
If YES, enter delivery address below:	

5. File Date 04/01/2003

6. Form 3811, July 2001

7. Domestic Return Receipt

8. Article Number



## COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly)	B. Date of Delivery
Keith L. Beeman	12-18-02
C. Signature	X
<input type="checkbox"/> Agent	<input type="checkbox"/> Addressee

D. Is delivery address different from item 1?

If YES, enter delivery address below:

 Yes No

9. Document 10-4

10. Article Addressed to:

HEEMAN, BOBBIE S. (OH)

BOBBIE S. BEEMAN

PO BOX 3844  
245 SOUTH HIGHLAND AVENUE  
BUCYRUS, OH 44820

Case 2:02-cv-01453-JCS Filed 04/01/03 Page 1 of 1

HOLDRECK MCCAFFERTY & MCKEEVER  
BEEMAN, KEITH L./USA-0140 02/26/03Lancaster  
Form 3811, July 2001 Domestic Return Receipt

UNITED STATES DISTRICT COURT  
FOR THE  
EASTERN DISTRICT OF PENNSYLVANIA

UNITED STATES OF AMERICA

Plaintiff

CIVIL NO. 02-CV-4854

vs.

KEITH L. BEEMAN  
BOBBIE S. BEEMAN

Defendants

**AFFIDAVIT PURSUANT TO RULE 3129**

THE UNITED STATES OF AMERICA, Plaintiff in the above action, by its attorney, Joseph A. Goldbeck, Jr., Esquire, sets forth as of the date the praecipe for the writ of execution was filed the following information concerning the real property located at:

687 N. Lime Street  
Elizabethtown, PA 17022

1. Name and address of Owners or Reputed Owners:

KEITH L. BEEMAN  
687 NORTH LIME STREET  
ELIZABETHTOWN, PA 17022

BOBBIE S. BEEMAN  
687 NORTH LIME STREET  
ELIZABETHTOWN, PA 17022

2. Name and address of Defendants in the judgment:

KEITH L. BEEMAN  
687 NORTH LIME STREET  
ELIZABETHTOWN, PA 17022

BOBBIE S. BEEMAN  
687 NORTH LIME STREET  
ELIZABETHTOWN, PA 17022

3. Name and last known address of every judgment creditor whose judgment is a record lien on the property to be sold:

PA DEPARTMENT OF PUBLIC WELFARE  
Bureau of Child Support Enforcement  
Health and Welfare Bldg. - Room 432  
P.O. Box 2675  
Harrisburg, PA 17105-2675

DOMESTIC RELATIONS OF LANCASTER COUNTY  
40 East King Street  
PO Box 83479  
Lancaster, PA 17608

ELIZABETHTOWN BOROUGH  
600 S. Hanover Street  
Elizabethtown, PA 17022

4. Name and address of the last recorded holder of every mortgage of record:

5. Name and address of every other person who has any record interest in or record lien on the property and whose interest may be affected by the sale:

6. Name and address of every other person of whom the plaintiff has knowledge who has any record interest in the property which may be affected by the sale.

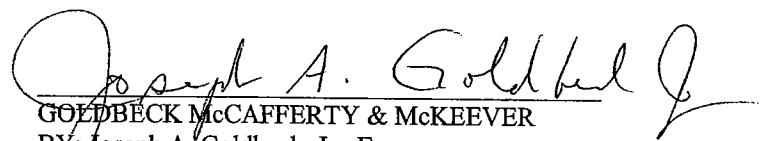
7. Name and address of every other person of whom the plaintiff has knowledge who has any interest in the property which may be affected by the sale.

OCCUPANTS/TENANTS  
687 N. Lime Street  
Elizabethtown, PA 17022

(attach separate sheet if more space is needed)

I verify that the statements made in this affidavit are true and correct to the best of my personal knowledge or information and belief. I understand that false statements herein are made subject to the penalties of 18 Pa. C.S. Section 4904 relating to unsworn falsification to authorities.

DATED: January 28, 2003

  
GOLDBECK McCAFFERTY & McKEEVER  
BY: Joseph A. Goldbeck, Jr., Esq.  
Attorney for Plaintiff

U.S. Department of Justice  
United States Marshals Service

**PROCESS RECEIPT AND RETURN**

See Instructions for "Service of Process by the U.S. Marshal"  
on the reverse of this form.

PLAINTIFF

THE UNITED STATES OF AMERICA

COURT CASE NUMBER

02-CV-4854

DEFENDANT

KEITH L. BEEMAN & BOBBIE S. BEEMAN

TYPE OF PROCESS NOTICE OF  
US MARSHAL'S SALE

SERVE

NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC., TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN

KEITH L. BEEMAN & BOBBIE S. BEEMAN



ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code)

AT

687 N. 6TH STREET, BETHLEHEM, PA 17022

SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW:



GOLDBECK McCAFFERTY & McKEEVER  
Suite 500 The Bourse Building  
111 S. Independence Mall East  
Philadelphia, Pennsylvania 19106

Number of process to be served with this Form - 285

Number of parties to be served in this case

Check for service on U.S.A.

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available For Service):

Fold

PLEASE Post HANDBILL

Signature of Attorney or other Originator requesting service on behalf of:

PLAINTIFF  
 DEFENDANT

TELEPHONE NUMBER

DATE

715-637-7322

12-76-02

**SPACE BELOW FOR USE OF U.S. MARSHAL ONLY — DO NOT WRITE BELOW THIS LINE**

I acknowledge receipt for the total number of process indicated.  
(Sign only first USM 285 if more than one USM 285 is submitted)

Total Process

District of Origin  
No.

District to Serve  
No.

Signature of Authorized USMS Deputy or Clerk

Date

12-18-02

I hereby certify and return that I  have personally served,  have legal evidence of service,  have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above or on the individual, company, corporation, etc., shown at the address inserted below.

I hereby certify and return that I am unable to locate the individual, company, corporation, etc., named above (See remarks below)

Name and title of individual served (if not shown above)

A person of suitable age and discretion then residing in the defendant's usual place of abode.

Address (complete only if different than shown above)

Date of Service Time am

1-16-03 2050 pm

Signature of U.S. Marshal or Deputy

Service Fee

Total Mileage Charges  
(including endeavors)

Forwarding Fee

Total Charges

Advance Deposits

Amount owed to U.S. Marshal or

Amount of Refund

61.92

REMARKS:

Postal property @ home occupied

R.T. 17th and 6th - 61

LAW MAP 12 B-3

NOTE